SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/8 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
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\	COMMITTEE (In Full) ND-CLIFFS INC POLITICAL	ACTION C	OMMITTEE (Cliffspac)	
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Randy L. Kummer  Mailing Address 1100 Superior Avenue Room 1800  City State Cleveland, OH				Date of Receipt    M   M   Z   D   Z   Z   D   Z   Z   D   Z   Z
Name of Em Cleveland-C Receipt For:	liffs Inc	1	n sident-Human Resources e Year-to-Date ▼ 250.00	Payroll Contribution
City Cleveland FEC ID num federal politic  Name of Em Cleveland-C  Receipt For:	ress 1100 Superior Avenue Room 1800  Abber of contributing cal committee.  Iployer liffs Inc		Zip Code 44114-2589  n sident & Controller e Year-to-Date ▼ 310.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)				
TOTAL This E	Period (last page this line number o	nnly)	•	